NORTH CAROLINA DIVISION OF MH/DD/SAS

CURRENT SERVICE STANDARDS:

UNDER REVISION*

(This package includes service definitions, still in the old format, that are currently under revision. Final drafts of these definitions, in the new format, will be available after February 15, 2004.)*

1-12-04

NORTH CAROLINA DIVISION OF MH/DD/SAS

CURRENT SERVICE STANDARDS:

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CURRENT SERVICE DEFINITIONS – UNDER REVISION

Current Service Definition	Description of Revision
Assertive Outreach	Revise to assist in identifying underserved and hard to reach target population groups i.e. homeless, pregnant women, HIV consumers only.
Behavioral Health Prevention Education Service	Revise to include means of payment for individual services and for SAPTBG Synar amendment related activities.
Day Treatment- Child	Revise to meet best practice model that includes reintegration into school and community.
Drop-In Center	Revise to meet best practice model standards.
Financial Supports	Revise to broaden role of individual/agency providing this service to meet the needs of those receiving consumer directed supports and personal financial management needs of consumers who do not use a consumer directed model.
Individual Supports	Revise to make cross disability and cross age group to be utilized as discretionary funding mechanism for goods and services.
Long Term Vocational Support Service	Revise to ensure this service is consistent with revisions made to the Supported Employment definition.
Residential Services: Family Living--Low Intensity Family Living--Moderate Intensity Group Living--Low Intensity Group Living--Moderate Intensity Group Living--High Intensity Supervised Living--Low Supervised Living--Moderate Supervised Living--I-VI Residents	1) Revise definitions to clearly distinguish between different levels of care i.e. acuity of needs. 2) Ensure consistency between licensure rules related to disability populations and definitions.
Respite-Community Respite-Hourly	Developing one respite definition for waiver and non-waiver populations.
Supported Employment	Revise to meet evidence best practice standards.

Assertive Outreach

The service includes activities, with and/or on behalf of an individual in need who is not registered as an area client. The service is designed to meet some of the evaluation, treatment, habilitation, educational, vocational, residential, health, financial, social and other needs of the individual. The service includes the arrangement, linkage or integration of multiple services (when provided by multiple providers) as they are needed or being received by the individual either within the area program, or from other agencies with those services being received through the area program. It may include advocacy on behalf of the individual, supportive counseling, and monitoring the provision of services to the individual. It may also include training or retraining activities required for successful maintenance or re-entry into the client's vocational or community living situation.

GUIDELINES: This service is only provided to individuals NOT registered as clients.

(1) Include face-to-face and telephone time in contact with an individual, groups, collateral, other agency personnel, interagency staffing, training of volunteers, and time spent transporting the individual to or from services.

(2) Consultations or interventions with family members of a substance abusing individual, who is *not* a client, are to be reported to this service type.

(3) The locally defined services most commonly included in this category include, but are not limited to:
   a. Outreach and Assertive Outreach;
   b. Follow-up contact with discharged clients; and
   c. Institutional Liaison.

(4) In cases when one area program staff is linking or coordinating with another staff in the same area program regarding multiple services, only one staff may claim case management/support ***OR*** assertive outreach for the interaction.

(5) Similar services provided to clients are to be reported as Case Management/Support.

(6) Staff Travel Time to be reported separately.

(7) Preparation/documentation time NOT to be reported.

(8) Structured services including Screenings or After-hours services are to be reported to the appropriate service type.

Therapeutic Relationship and Interventions

This process should offer evaluation of the services needed through discussion with the recipient and any significant stakeholders involved with the recipient. The provider assumes the roles of advocate, broker and monitor until the individuals engages in services.

Structure of Daily Living

This service is designed to assess/reassess functional deficits of the recipient and to facilitate referrals to the service system that will address the identified needs in consultation with the recipient, legal guardian, or caregiver.

Cognitive and Behavioral Skill Acquisition

This service assists the individual to identify mental health and community treatment and service options and the intended benefits of those services.

Service Type

This is a periodic service. This service is not billable to Medicaid. Payment unit equals one unit for the nearest fifteen minute interval based on the eight minute rounded-up rule. This service is not billable to Medicaid.

Resiliency/Environmental Intervention

This service includes activities with and on behalf of an individual who is not a client of the area program.

Service Delivery Setting

May be provided at any location.

Medical Necessity/Clinical Appropriateness

A. Individual has previously been a recipient of services and requires Assertive Outreach to re-establish treatment.

B. The individual appears to have an Axis I or II diagnosis or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a) and would be expected to benefit from treatment if he/she participated.

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

The non-client consumer continues to benefit from services; however, the consumer will not/or is unable to submit for admission into the Area Program.

Discharge Criteria

When the client has been admitted to the Area Program as an active client.

Service Maintenance Criteria

Assertive Outreach should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn.

Provider Requirement and Supervision

Staff is a qualified professional for the services provided.

Documentation Requirements

Documentation is required in a separate or pending file (some type of form which identifies the individual by name, or unique identifier on a daily basis is recommended.)

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR–TS (MR/MI)
Not Billable	**YP230**	**230**	**N/A**	**230**

Behavioral Health Prevention Education Services

Behavioral Health Prevention Education Services are designed to prevent or delay the first use of substances or to reduce or eliminate the use of substances. This service is provided in a group modality and is intended to meet the substance abuse prevention and/or early intervention needs of participants with identified risk factors for substance abuse problems (Selective) and/or with identified early problems related to substance use (Indicated). Participants in Behavioral Health Prevention Education Services have identified risk factors or show emerging signs of use and the potential for substance abuse. The most typical program has a provider working directly with participants or parents (in a group setting) in a wide variety of settings including naturally occurring settings (school or community, etc.) on reducing known risk factors and/or enhancing protective factors that occur in that setting. Services are designed to explore and address the individual's behaviors or risk factors that appear to be related to substance use and to assist the individual in recognizing the harmful consequences of substance use. This service includes education and training of caregivers and others who have a legitimate role in addressing the risk factors identified in the service plan. This service includes, but is not limited to children of substance abuser groups, education services for youth, parenting/family management services, peer leader/helper programs, and small group sessions. This service is preventative in nature and is not intended for individuals who have been determined to have a diagnosable substance abuse or mental health disorder which requires treatment. Behavioral Health Prevention Education Services may be reimbursed up to 2 hours and 45 minutes per day. This service is time-limited based on the duration of the curriculum-based program used. A provider is required to utilize an evidenced-based program in one of three nationally approved categories: Promising Programs, Effective Programs, and Model Programs.

Relationship and Interventions

There should be a relationship between the provider and participant or primary caregiver which addresses and/or implements a substance abuse evidence-based program outlined in the service plan that includes but is not limited to the following: knowledge acquisition, influencing attitudes, perceptions and intentions to use substances through interactive discussions to increase resiliency. Services include supportive counseling, consultation with the participant to increase awareness of risk factors, enhancing skills of primary caregiver in relation to the needs of the participant, enhancing communication and problem solving skills, and monitoring participant behavior and response. Through various strategies and interactive approaches between the provider and the participants, this service emphasizes the role of individual factors, the peer group, the family, school, community, and environmental/societal norms in influencing personal decisions about substance use.

Structure of Daily Living

This service is focused on assisting participants in preventing the use and/or abuse of substances in school, home, or community and in assisting the primary caregiver in acquiring the skills needed to assist the participant in preventing or delaying the first use of substances or in eliminating or reducing the early use of substances. Service recipients include children and their parents/guardians.

Cognitive and Behavioral Skill Acquisition

This service is intended to assist participants in better understanding how to respond to a wide range of intra/interpersonal issues related to risk and protective factors and the acquisition of the social,

Behavioral Health Prevention Education Services

cognitive, and behavioral skills. Services are needed to prevent or delay the use of substances or to eliminate or reduce the early use of substances and/or to assist the primary caregiver in better meeting the needs related to the risk and protective factors identified in the service plan. The emphasis is on acquiring the social, personal, and peer refusal skills necessary to effect decision-making and resiliency when faced with negative pressures or inducements to become involved in substance use and abuse. This service also provides training in parenting techniques including the communication of clear expectations and norms regarding the non-use of substances; logical consequences, and consistency in the administration of punishment and rewards; limit-setting and the delineation of boundaries; and supervision and structure.

Service Type

This service is delivered in a group context consisting of participants and/or their caregivers. This is a prevention service which targets individuals at-risk of substance use or showing early signs of substance use. This service is not intended for individuals in need of treatment services. The intent of this service is not to take the place of periodic treatment, day/night, or 24-hour services. This service is not billable to Medicaid.

The staff-to-child/family ratio should be no fewer than one provider for every 10 or fewer enrolled children or adolescents in attendance.

The maximum group size is no more than 20 enrolled children or adolescents (to be served by no fewer than 2 providers).

Resiliency/Environmental Intervention

This service focuses on assisting participants in reducing risk factors and/or enhancing protective factors including developing prosocial involvement and providing support for health and safety factors. This service involves interaction between the provider and the participants through a variety of activities designed to affect critical life choices and social skill development in the individual, peer, family, school and community environments.

Service Delivery Setting

This service is provided in the school or any other community setting in which risk and protective factors have been assessed or identified.

Service Eligibility

There is an ICD-9 diagnosis of V65.42 (Counseling on substance use and abuse) and sufficient assessment has been performed to screen for, and rule out, substance-related or mental health diagnoses.

And,

Individuals meet the criteria for Level 0.5 Early Intervention in the appropriate ASAM Patient Placement Criteria.

And,

The individual meets the eligibility criteria for inclusion in one of the following target population groups:

Behavioral Health Prevention Education Services

a) Selective Prevention - the individual is deemed to be at-risk for substance abuse by virtue of their membership in a particular population segment (e.g., children of adult alcoholics, dropouts, or students who are failing academically). Risk groups may be identified on the basis of a variety of risk factors as defined in the Integrated Payment and Reporting System (IPRS), and shown to be associated with substance abuse. These risk factors are identified on the IPRS Population Category Definition sheet for Child Substance Abuse Selective Prevention (CSSP).

b) Indicated Prevention - the individual is identified on the basis of one or more risk factors, and is showing early signs of problems, and has begun to use tobacco, alcohol, and/or other drugs. The individual exhibits substance use behavior that puts them at risk for substance abuse or dependence. Risk factors are defined in the Integrated Payment and Reporting System (IPRS), and shown to be associated with substance abuse. These risk factors are identified on the IPRS Population Category Definition sheet for Child Substance Abuse Indicated Prevention (CSIP).

Service Order Requirement

This service must be ordered by the area program's Substance Abuse Prevention Program Director according to *10 NCAC 14V* or by a Certified Substance Abuse Prevention Consultant (CSAPC) who holds a current certification from the North Carolina Substance Abuse Professional Certification Board prior to the beginning of the service.

Continuation/Utilization Review Criteria

The participant has not successfully completed the various components of the prevention program model. The desired knowledge, attitudes, and/or behaviors have not been attained over the timeframe outlined in the participant's service plan.

Discharge Criteria

The individual has successfully completed the program module including the administration of pre- and post-test outcome measures.

Or

The individual shows signs of a diagnosable substance abuse or mental health condition at a clinical level which requires referral for active treatment.

Service Maintenance Criteria

Service maintenance criteria are not applicable to the Behavioral Health Prevention Education Service since this is a short-term, time-limited service where the individual is discharged upon successful completion of the prescribed series. It is not the intent of this service for participants to extend their stay in the program after the completion of the program module. Re-admission to this service requires a new risk profile to determine an appropriate program assignment.

Provider Requirement and Supervision

Behavioral Health Prevention Education Services (BHPES) is a professional level service provided by individuals who meet qualifications requiring that:

Behavioral Health Prevention Education Services

1) The individual meets the qualifications of a Qualified Substance Abuse Professional (QSAP) or an Associate Professional in substance abuse according to 10 NCAC 14V within the requirements of this rule;

OR

2) The individual, within the mental health, developmental disabilities, and substance abuse (mh/dd/sas) system of care, is:

- **(i) a graduate of a college or university with a Masters degree in a related human service field and has one year of full-time, post-graduate degree accumulated supervised experience in the delivery of substance abuse prevention services; or**
- (ii) a graduate a of college or university with a bachelor's degree in a related human service field and has two years of full-time, post-bachelor's degree accumulated supervised experience in the delivery of substance abuse prevention services; or
- (iii) a graduate of a college or university with a bachelor's degree in a field not related to human services and has four years of full-time, post-bachelor's degree accumulated supervised experience in the delivery of substance abuse prevention services; or
- (iv) A substance abuse prevention professional who is certified as a Certified Substance Abuse Prevention Consultant (CSAPC) by the North Carolina Substance Abuse Professional Certification Board;

OR

3) The individual prior to April 1, 2003 provided substance abuse primary prevention services that were previously billed as HRI, CBI, or CBS.

Supervision is provided according to supervision requirements specified in 10 NCAC 14V and according to licensure/certification requirements of the appropriate discipline.

In addition, the substance abuse professional providing these services to children and adolescents and their families should be knowledgeable about the biopsychosocial dimensions of substance abuse and dependence; knowledgeable about adolescent development; experienced working with and engaging adolescents; able to recognize mental health concerns and substance-related disorders; skilled in alcohol and other drug education, motivational counseling, and brief intervention techniques; aware of the legal and personal consequences of inappropriate substance use, and skilled in the delivery of an evidence–based substance abuse selective or indicated prevention program.

Documentation Requirements

The service record shall follow the requirements set forth in the Substance Abuse Services Record for Child and Adolescent Selective and Indicated Prevention Services* as it pertains to the assessment, service plan and service provision. (*To be included in the 2003 Revision of the *Service Records Manual*).

Behavioral Health Prevention Education Services

The assessment of the participant shall include documentation of the findings on a child or adolescent risk profile that identifies one or more designated risk factors for substance abuse, and shall include documentation of individual risk factor(s), history of substance use, if any, a description of the child's or adolescent's current substance use patterns, if any, and attitudes towards use. Documentation shall include other relevant histories and mental status that is sufficient to rule out other conditions suggesting the need for further assessment and/or treatment for a substance abuse or dependence diagnosis and/or a co-occurring psychiatric diagnosis.

The Plan shall be based on an identification of the child's, adolescent's, and/or family's problems, needs, and risk factors, with recognition of the strengths, supports, and protective factors. The Plan shall match the child or adolescent risk profile with appropriate evidence-based Selective or Indicated Substance Abuse Prevention goals that address the child's or adolescent's and/or family's knowledge, skills, attitudes, intentions, and/or behaviors. The plan shall be signed by the participant and the parent/guardian, as appropriate, prior to the delivery of services.

Following the delivery of each service, the minimal standard for documentation in the service record shall be a Service Grid which includes:

a) identification of the evidence-based program being implemented;
b) full date and duration of the service that was provided;
c) listing of the individual child or adolescent and/or his or her family members that were in attendance;
d) identification of the curriculum module delivered;
e) identification of the module goal;
f) identification of the activity description of the module delivered; and
g) initials of the staff member providing the service which shall correspond to a signature with credentials identified on the signature log section of the Service Grid.

In addition to the above, notation of significant findings or changes in the status of the child or adolescent that pertain to the appropriateness of provision of services at the current level of care and/or the need for referral for other services shall be documented.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR – TS (MR/MI)
Not Billable	H0025	N/A	N/A	N/A

Day Treatment

Day Treatment is a service for adults and children that include a variety of services designed to meet the treatment needs of the individual consumer in a structured setting. These services include therapeutic or rehabilitation goals and individually specific treatment objectives designed to provide intensive services that enable the consumer to maintain his residence in a non-institutional setting or to function successfully in a mainstream educational setting. Consumers may be residents of their own home, a substitute home, or a group care setting, however, the day treatment must be provided in a setting separate from the consumer's residence.

Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the providers and consumer which addresses and/or implements interventions outlined in the service plan in any of the following: behavioral interventions/management, social and other skill development, adaptive skill training, enhancement of communication and problem – solving skills, anger management, family support, monitoring of psychiatric symptoms, psychoeducational activities, and positive reinforcement.

Structure of Daily Living

This service focuses on assisting consumers in overcoming or managing functional deficits in the school setting, therapeutic preschool, specialized summer day treatment, therapeutic day camp programs, Social and support activities provided during the evening and hours that recipients are involved in other programs must be deducted from the total time the recipient spent in or received other services outside the scope of this definition.

Cognitive and Behavioral Skill Acquisition

This service includes a structured approach that addresses the identified functioning problems associated with the complex conditions of the identified consumer. These interventions are designed to support symptom stability, increasing the individual's ability to cope and relate to others, and enhancing the highest level of functioning to mainstream or maintain community based services.

Service Type

This is a day/night service that must be available three hours a day minimally, with a staff-to-consumer ratio consistent with the licensure requirements outlined in 10 NCAC 14V. This service is Medicaid billable.

Resiliency/Environmental Intervention

This service includes professional services on an individual and group basis in a structured setting that may be offered to some consumers, but not all consumers.

Service Delivery Setting

This service is provided in a licensed and structured program setting where all billable activities related to this service must take place within the normally scheduled operating hours and within the community where the Day Treatment service is located. Only the time the consumer spends in direct attendance and participation in the program can be reported.

Medical Necessity

Must have Axis I or II diagnosis,

AND,

Either One or Two met

1. Level of Care Criteria, Level C/NCSNAP/,

OR,

2. The consumer is experiencing difficulties in at least one of the following areas:
   Functional impairment, crisis intervention/diversion/aftercare needs, and/or at risk for placement outside the natural home setting.

AND,

The consumer's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any one of the following apply:

1a. Being unable to remain in family or community setting due to symptoms associated with diagnosis, therefore being at risk for out of home placement, hospitalization, and/or institutionalization.
2a. Presenting with intensive, verbal and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
3a. Being at risk of exclusion from services, placement or significant community support system as a result of functional behavioral problems associated with diagnosis.
4a. Requires a structured setting to monitor mental stability and symptomology, and foster successful integration into the community through individualized interventions and activities.
5a. Service is a part of an aftercare planning process (time limited or transitioning) and is required to avoid returning to a higher, more restrictive level of service.

Service Order Requirement

For Medicaid reimbursement, a physician or licensed psychologist must order this service prior to or on the day the service is initiated.

Continuation/Utilization Review Criteria

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:
A). Consumer has achieved initial service plan goals and additional goals are indicated.
B). Consumer is making satisfactory progress toward meeting goals.
C). Consumer is making some progress, but the service plan (specific interventions) need to be modified so that greater gains which are consistent with the consumer's premorbid level of functioning are possible or can be achieved.
D). Consumer is not making progress; the service plan must be modified to identify more effective interventions.
E). Consumer is regressing; the service plan must be modified to identify more effective interventions.

AND

Utilization review must be conducted every 6 months and is so documented in the service record.

Discharge Criteria

Consumer's level of functioning has improved with respect to the goals outlined in the service plan,

inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care and any of the following apply:
A). Consumer has achieved goals, discharge to a lower level of care is indicated.
B). Consumer is not making progress, or is regressing and all realistic treatment options with this modality have been exhausted.
Any denial, reduction, suspension, or termination of service requires notification to the consumer and/or legal guardian about their appeal rights.

Service Maintenance Criteria

If the consumer is functioning effectively with this service and discharge would otherwise be indicated, day treatment should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

A). Past history of regression in the absence of day treatment is documented in the consumer record.

OR

B). The presence of a DSM-IV diagnosis which would necessitate a disability management approach. In the event, there is epidemiological sound expectations that symptoms will persist and that on going treatment interventions are needed to sustain functional gains.

Any denial, reduction, suspension, or termination of service requires notification to the consumer and/or legal guardian about their appeal rights.

Provider Requirement and Supervision

All services in the day treatment milieu are provided by a team, which may have the following configuration: social workers, psychologists, therapists, case managers, and other MH/SA paraprofessional staff.

Documentation Requirements

Minimum documentation is a weekly service note that includes the purpose of contact, describes the provider's interventions, and the effectiveness of the interventions.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR –TS (MR/MI)
Y2311 – Child **Y2312 – Adult**	**Y2311 – Child** **Y2312 – Adult**	**670** **670**	**330** **N/A**	**N/A** **670**

***Day Treatment/PH will be separated into two separate codes in the near future for Medicaid billing.**

Day Treatment

Day Treatment is a service for adults and children which offers a variety of configurations. Day treatment typically is a long-term treatment component whereas Partial Hospitalization is an interim treatment for prevention of hospitalization or as a step-down from hospitalization. Per Medicaid regulations, this program must be offered for 3 hours per day, although a participant may attend for less than this time.

YES	NO
Psychoeducational activities.	Education curriculum.
Recreational activities when used as a strategy to meet goals.	Vocational activities.
Education to recipient and collaterals about mental health and substance abuse issues, medication, wellness, etc.	Writing treatment plans, service notes, etc.
Basic educational skills development.	Staff travel time.
Prevocational activities	Case Management functions.
Individual and group psychotherapy	Outreach efforts when the recipient is absent from the program.
Behavioral interventions including token/ level systems structured behavior programs, etc.	Transporting the recipient to and from the day treatment/ PH program.
Supportive counseling.	
Community integration activities.	
Support groups.	
Modeling, positive reinforcements, redirection, de-escalation, anticipatory guidance, etc.	
Adaptive skills training in all functional domains—personal care, domestic, social, communication, leisure, problem- solving, etc.	
Family support services.	
Transporting recipients to the activities when part of the program day.	

Drop-In Center

Drop-In Center services are day/night services provided in a centralized location to clients and non-clients on a regular or occasional drop-in basis. The service is designed to provide a safe and healthy environment for needy individuals who otherwise would be unlikely to respond to more structured programming. It is designed to meet some of the social, educational, health, and other non-treatment needs of the individual. It may include individual and group supports and training or retraining activities required for successful maintenance, or re-entry into the individual's vocational or community living situation. A Drop-In Center is distinguished from a "Day/ Evening Activity Program" in that participation is usually spontaneous on the part of the recipient and not necessarily a part of an official treatment plan'.

(1) Day/Night services certified as one of the following ***may not*** be included in this category:
   a. Partial Hospitalization;
   b. Day Treatment and Education, ED Children;
   c. Therapeutic Preschool;
   d. Specialized Summer Day Treatment;
   e. Therapeutic Day Camp Programs;
   f. CAP/MR Adult Day Health;
   g. Developmental Day;
   h. Adult Developmental Activity Program; or
   i. Psychosocial Rehabilitation.

(2) Specific professional services provided (routinely or occasionally) to clients of the day program by professionals not assigned to (or cost found for) the program, shall be reported and accounted for as a part of regular periodic services as defined (e.g., Screenings, Evaluations, individual or group Outpatient Treatment/Habilitation, for example).

(3) This service is available for a period of three or more hours per day; although, an individual may attend for fewer than three hours.

(4) Only direct client/non-client attendance time is to be reported.

(5) Preparation, documentation and staff travel time are not to be reported.

Therapeutic Relationship and Interventions

Drop in Center is a safe and healthy environment which provides supportive services on a drop-in basis to clients and non-clients.

Structure of Daily Living

It is designed to meet some of the social, educational, health, and other non-treatment needs of the individual. It may include individual and group supports and training or retraining activities required for successful maintenance, or re-entry into the individual's vocational or community living situation.

Cognitive and Behavioral Skill Acquisition

This service supports the individual through activities such as: social skills development, leisure activities, training in daily living skills, improvement of health status, and utilization of community resources.

Service Type

This is a day/evening type of service. Under NC Administrative Code T10:14V .5400. This service shall be available for the number of hours per day required by Licensure Rules; although, an individual may attend for fewer than three hours. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This services assists consumers in utilizing naturally occurring support systems and relationships in the community.

Service Delivery Setting

This service may only be provided in a licensed facility.

Medical Necessity/Clinical Appropriateness

A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a*).*

AND

B. Level of Care Criteria, /NCSNAP/ASAM

AND

C. The recipient is experiencing difficulties in at least one of the following areas:

1. functional impairment
2. crisis intervention/diversion/aftercare needs, and/or
3. at risk of placement outside the natural home setting.

AND

D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:

1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.
2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.
4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

N/A

Discharge Criteria

N/A

Service Maintenance Criteria

N/A

Provider Requirement and Supervision

Each drop in Center shall have at least one staff member on site at all times when clients are present in the facility.

Documentation Requirements

Documentation is required in a client record, or in a separate or pending file (some type of form which identifies the individual by name, or unique identifier on a daily basis is recommended).

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR – TS (MR/MI)
Not Billable	**YP690 (Attendance)**	**690**	**N/A**	**690**
	YP692 (Coverage Hrs)	**692**	**N/A**	**692**

Family Living – Low Intensity

Family Living—Low Intensity is a residential service which includes room and board and provides "family style" supervision and monitoring of daily activities. Individuals live with a family who act as providers of supportive services. The service providers are supported by the professional staff of the area program or the contract agency with ongoing consultation and education to the service providers in their own homes. The professional staff provide progress reports to the treatment/habilitation team which has responsibility for the development of the treatment/habilitation plan.

GUIDELINES:

(1) Only costs related directly to the placement (rent, subsidy to the family, etc.) shall be counted in this service cost.

(2) Services of professionals in training and supervision to the family should be reported as Case Management/Support.

(3) Clients receiving this service may utilize periodic or day program services from the area program; but, such services should be accounted for and reported separately.

(4) Traditional models of family living in this type of service category include but are not limited to:

a. Alternative Family Living; or

b. Host Homes used for temporary, non-crisis placements when appropriate to the definition. [As of April 1, 1994 these placements should either be licensed under a "System of Services", as "Supervised Living", or under DSS foster care licensing.]

PAYMENT UNIT: Client day, to be counted in a midnight occupied bed count. Allowance will be made for individual client's Therapeutic Leave in accordance with Funding requirements, and must be documented in the client record.

Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the provider/caregiver and the client which addresses and/or implements interventions outlined in the service plan. These may include supervision and monitoring of daily activities.

Structure of Daily Living

This service is designed to adhere to the principles of normalization and community integration.

Cognitive and Behavioral Skill Acquisition

This service is intended to assist individuals to prepare to live as independently as possible.

Service Type

This is a 24 hour service. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service occurs in facilities licensed in accordance with 10 NCAC 14V .5600 unless it is an unlicensed facility serving only one adult consumer.

Service Delivery Setting

This service occurs in facilities licensed in accordance with 10 NCAC 14V .5600 unless it is an unlicensed facility serving only one adult consumer.

Medical Necessity

A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in G.S. 122C-3 (12a).

AND

B. Level of Care Criteria, NCSNAP/ASAM

AND

C. The recipient is experiencing difficulties in at least one of the following areas:
    1. functional impairment
    2. crisis intervention/diversion/aftercare needs, and/or
    3. at risk of placement outside the natural home setting.

AND

D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:
    1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.
    2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
    3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.
    4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

A. Consumer has achieved initial service plan goals and additional goals are indicated.
B. Consumer is making satisfactory progress toward meeting goals.
C. Consumer is making some progress, but the service plan (specific interventions) need to be modified so that greater gains which are consistent with the consumer's premorbid level of functioning are possible or can be achieved.
D. Consumer is not making progress; the service plan must be modified to identify more effective interventions.
E. Consumer is regressing; the service plan must be modified to identify more effective interventions.

Discharge Criteria

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:

1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated.
2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

Service Maintenance Criteria

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Family Living Low should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

A. Evidence that gains will be lost in the absence of family living low is documented in the service record.

OR

B. In the event there are epidemiologically sound expectations that symptoms will persist and that

ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Licensed providers must meet the specifications of 10 NCAC 14V .5600. Non-licensed facilities must comply with the staffing requirements as cited in 10 NCAC 14V 5602.

Documentation Requirements

This service requires documentation as specified in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR – TS (MR/MI)
Not Billable	**YP740**	**740**	**N/A**	**740**

Family Living--Moderate Intensity

Family Living-- Moderate Intensity is a 24-hour service (including room and board) which provides professionally trained parent-substitutes who work intensively with individuals in providing for their basic living, socialization, therapeutic, and skill-learning needs. The parent-substitutes receive substantial training and receive close supervision and support from the area program or its contract agencies.

GUIDELINES:

(1) Only costs related directly to the placement (rent, subsidy to the family, etc.) shall be counted in this service cost.

(2) Services of professionals in training or supervision to the family shall be reported as Case Management/Support.

(3) Clients receiving this service may utilize periodic or day program services from the area program; but, such services should be accounted for and reported separately.

(4) Traditional models of family living in this type of service category include but are not limited to:

a. Therapeutic Home;

b. Professional Parenting;

c. Specialized Foster Care, when the parents are specifically trained and an additional subsidy (above the DSS payment) is provided to the parents in order to encourage them to care for a disabled child; and

d. Host Homes used for temporary, non-crisis placements when appropriate to the definition.

[As of April 1, 1994 these placements should either be licensed under a "System of Services", as "Supervised Living", or under DSS foster care licensing.]

PAYMENT UNIT: Client day, to be counted in a midnight occupied bed count. Allowance will be made for individual client's Therapeutic Leave in accordance with Funding requirements, and must be documented in the client record.

Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the provider/caregiver and the client which addresses and/or implements interventions outlined in the service plan. These may include working intensively with individuals in providing for their basic living, socialization, therapeutic and skilled learning needs.

Structure of Daily Living

This service is designed to adhere to the principles of normalization and community integration.

Cognitive and Behavioral Skill Acquisition

This service is intended to assist individuals to prepare to live as independently as possible.

Service Type

This is a 24 hour service. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service focuses on assisting the individuals in becoming connected to naturally occurring support systems and relationships in the community to provide and enhance opportunities for meaningful community participation.

Service Delivery Setting

This service occurs in facilities licensed in accordance with 10 NCAC 14V .5600 unless it is an unlicensed facility serving only one adult consumer.

Medical Necessity

There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)

A. .

AND

B. Level of Care Criteria, Level /NCSNAP/ASAM

AND

C. The recipient is experiencing difficulties in at least one of the following areas:
   1. functional impairment
   2. crisis intervention/diversion/aftercare needs, and/or
   3. at risk of placement outside the natural home setting.

AND

D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:
   1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.
   2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
   3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.
   4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.

OR

E. The individual's current residential placement meets any one of the following:
   1. The individual has no residence.
   2. Current placement does not provide adequate structure and supervision to ensure safety and participation in treatment.
   3. Current placement involves relationships which undermine the stability of treatment.
   4. Current placement limits opportunity for recovery, community integration and maximizing personal independence.

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

A). Consumer has achieved initial service plan goals and additional goals are indicated.

B). Consumer is making satisfactory progress toward meeting goals.

C). Consumer is making some progress, but the service plan (specific interventions) need to be modified so that greater gains which are consistent with the consumer's premorbid level of functioning are possible or can be achieved.

D). Consumer is not making progress; the service plan must be modified to identify more effective interventions.

E). Consumer is regressing; the service plan must be modified to identify more effective interventions.

Discharge Criteria

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:

1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated.
2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

Service Maintenance Criteria

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, family living moderate should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

A. Evidence that gains will be lost in the absence of family living moderate is documented in the service record.

OR

B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Licensed providers must meet the specifications of 10 NCAC 14V .5600. Non-licensed facilities must comply with the staffing requirements as cited in 10 NCAC 14V 5602.

Documentation Requirements

This service requires documentation as specified in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM CTSP	UCR-TS MR/MI
Not Billable	**YP750**	**750**	**N/A**	**750**

Financial Supports

Financial Support Services is designed to permit a person or agency to function at the behest of an individual to perform fiscal support functions or accounting consultation services for the individual.

The person or agency performing the support function may render some or all of the following supports:

1. A person or agency providing Financial Support services may assist the individual to employ persons whom the individual chooses to support him/her, and provide remuneration on behalf of the individual;
2. A person or agency providing Financial Support Services may assist the individual in verifying employment status of any persons who the individual prefers to hire to furnish supports and services for him/her;
3. A person or agency providing Financial Support Services may provide periodic financial consultation and management supports for the individual, including investments, payment of monthly obligations and other financial supports:
4. If the functions which the individual or agency is fulfilling for the individual constitutes that of a fiscal intermediary, the person or agency will comply with all regulations—local state or federal—required of persons fulfilling the responsibilities of a Fiscal Intermediary;
5. A person or agency providing Financial Support Services may receive funds on behalf of the individual from funding sources such as the State or Medicaid, and disburse those funds as directed by the individual;
6. The individual receives/maintains monthly account updates from the provider of Financial Supports Services relative to the individual's personal budget.

GUIDELINES

1. Persons/agencies providing Financial Support Services must maintain such credentials and/or bonds as would be generally required of persons providing the service or support to individuals in the general public;
2. Documentation for Financial Support Services is expected to be an event record of activities undertaken in the provision of this support;
3. The Financial Support service is not managed by the area program or service provider.

Therapeutic Relationship and Interventions

There should be a supportive therapeutic relationship between the provider and the client which addresses and/or implements interventions outlined in the service plan.

Structure of Daily Living

This service is focused on the implementation of strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership.

Cognitive and Behavioral Skill Acquisition

This service is intended to assist individuals to live as independently as possible.

Service Type

Financial Supports is a periodic service. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service focuses on assisting individuals in becoming connected to naturally occurring support systems and relationships in the community to provide and enhance opportunities for meaningful

community participation.

Service Delivery Setting

This service can be provided in any location.

Medical Necessity

A. There is an Axis I or II diagnosis present. or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)

AND

B. Level of Care Criteria, Level NCSNAP/ASAM

AND

C. The recipient is experiencing difficulties in at least one of the following areas:
   1. functional impairment
   2. crisis intervention/diversion/aftercare needs, and/or
   3. at risk of placement outside the natural home setting.

AND

D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:

1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.
2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.
4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

The client continues to have needs that are met by this service definition.

Discharge Criteria

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:

1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated.
2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

Service Maintenance Criteria

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Financial Supports should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

A. Evidence that gains will be lost in the absence of Financial Supportsis documented in the service record.

OR

B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Direct care providers shall meet the competencies and supervision requirements as specified in 10 NCAC 14V .0202 and .0204.

Documentation Requirements

Documentation is required as specified in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR – TS (MR/MI)
Not Billable	**YM600**	**N/A**	**N/A**	**600**

Group Living-Low Intensity

Group Living-Low Intensity is care (room & board included) provided in a home-like environment to five or more clients. Supervision and therapeutic intervention are limited to sleeping time, home living skills and leisure time activities. Supervision is provided by one or more trained (but nonprofessional) adults at all times when clients are in the residence, but may be provided by either resident or rotating staff.

GUIDELINES:

(1) Primary treatment and rehabilitation services are provided off-site and are accounted for and reported where appropriate (i.e., Outpatient Treatment/ Habilitation, Case Management /Support, ADVP).

(2) Group Living-Low Intensity must be provided in a licensed facility and may include:
   a. Halfway House Services for Substance Abusers;
   b. Group Homes for MR/DD Adults or Children;
   c. Group Homes for Mentally Ill Adults; and
   d. Therapeutic Camping Programs for ED Children.
   [As of April 1, 1994 some of these licensure categories are repealed and these facilities, if determined to meet the definition, will be licensed as "Supervised Living".]

(3) The determining factor, as to whether a particular group living arrangement is to be considered low-moderate-high, is the intensity of the individual treatment/habilitation provided and the integration between day and 24-hour treatment/habilitation programming as defined.

Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the provider, recipient, and family in the home environment where the primary purpose of the service is care, habilitation, or rehabilitation of the individuals who have a mental illness, developmental disability or a substance abuse disorder, and who require supervision when in the residence.

Structure of Daily Living

Group Living – low intensity provides support and supervision in a home environment to enable the resident to participate in community activities, social interactions in the home, and participate in treatment/habilitation/rehabilitation services.

Cognitive and Behavioral Skill Acquisition

Treatment interventions are provided to ensure that the consumer acquires skills necessary to compensate for or remediate functional problems. Interventions are targeted to functional problems and based on services plan requirements and specific strategies developed during supervision.

Service Type

Group living low is a residential service licensed under NC T10:14 V.5600. Payment unit is client day, to be counted in a midnight occupied bed count. Allowance will be made for individual client's Therapeutic Leave in accordance with Funding requirements, and must be documented in the client record. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service may provide a transition to a more independent living environment or may provide housing and supports for the long term.

Service Delivery Setting

This service is provided in 24-hour facilities including group homes, alternate family living and host homes.

Medical Necessity

A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)

A.

AND

B. Level of Care Criteria, Level B/NCSNAP/ASAM Level III.1

AND

C. The recipient is experiencing difficulties in at least one of the following areas:
   1. functional impairment
   2. crisis intervention/diversion/aftercare needs, and/or
   3. at risk of placement outside the natural home setting.

AND

D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:
   1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.
   2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
   3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.
   4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.

OR

E. The individual's current residential placement meets any one of the following:
   1. The individual has no residence.
   2. Current placement does not provide adequate structure and supervision to ensure safety and participation in treatment.
   3. Current placement
   4. involves relationships which undermine the stability of treatment.
   5. Current placement limits opportunity for recovery, community integration and maximizing personal independence.

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

A. Consumer has achieved initial service plan goals and additional goals are indicated.
B. Consumer is making satisfactory progress toward meeting goals.
C. Consumer is making some progress, but the service plan (specific interventions) need to be modified so that greater gains which are consistent with the consumer's premorbid level of functioning are possible or can be achieved.
D. Consumer is not making progress; the service plan must be modified to identify more effective interventions.

E. Consumer is regressing; the service plan must be modified to identify more effective interventions.

Discharge Criteria

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:

1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated.
2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

Service Maintenance Criteria

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Group Living Low should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

A. Evidence that gains will be lost in the absence of group living low is documented in the service record.

OR

B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Group Living- Low Intensity must be provided in a licensed facility and may include:

a. Halfway House Services for Substance Abusers;
b. Group Homes for MR/DD Adults or Children;
c. Group Homes for Mentally Ill Adults; and
d. Therapeutic Camping Programs for ED Children.

[As of April 1, 1994 some of these licensure categories are repealed and these facilities, if determined to meet the definition, will be licensed as "Supervised Living".]

Documentation Requirements

This service requires documentation as specified in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR – TS (MR/MI)
Not Billable	**YP760**	**760**	**N/A**	**760**

Group Living-Moderate Intensity

Group Living-Moderate Intensity is a 24-Hour service that includes a greater degree of supervision and therapeutic intervention for the residents because of the degree of their dependence or the severity of their disability. The care (including room and board), that is provided, includes individualized therapeutic or rehabilitative programming designed to supplement day treatment services which are provided in another setting. This level of group living is often provided because the client's removal from his/her regular living arrangement is necessary in order to facilitate treatment.

GUIDELINES:

(1) Day services received by individuals in residence are usually provided in another location and are to be reported according to the specific service received (i.e., ADVP, Developmental Day, Psychosocial Rehabilitation).

(2) Group Living-Moderate Intensity must be provided in a licensed facility and may include:
   a. Residential Treatment for Children and Adolescents;
   b. Group Homes for MR/DD/Behavioral Disturbed;
   c. Therapeutic Residential Camping Programs; and
   d. Specialized Community Residential Centers for Individuals with MR or DD (including some ICF/MR facilities).

   [As of April 1, 1994 some of these licensure categories are repealed and these facilities, if determined to meet the definition, will be licensed as "Supervised Living".]

(3) The determining factor, as to whether a particular group living arrangement is to be considered low-moderate-high, is the intensity of the individual treatment/habilitation provided and the integration between day and 24-hour treatment/habilitation programming as defined.

(4) Documentation in the client record is required.

Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the provider, recipient, and family in the home environment where the primary purpose of the service is care, habilitation, or rehabilitation of the individuals who have a mental illness, developmental disability or a substance abuse disorder, and who require supervision when in the residence.

Structure of Daily Living

Group Living – Moderate Intensity provides support and supervision in a home environment to enable the resident to participate in community activities, social interactions in the home, and participate in treatment/habilitation/rehabilitation services.

Cognitive and Behavioral Skill Acquisition

Treatment interventions are provided to ensure that the consumer acquires skills necessary to compensate for or remediate functional problems. Interventions are targeted to functional problems and based on services plan requirements and specific strategies developed during supervision.

Service Type

Group Living - Moderate Intensity is a residential service licensed under NC T10:14 V.5600. Payment unit is client day, to be counted in a midnight occupied bed count. Allowance will be made for individual client's Therapeutic Leave in accordance with Funding requirements, and must be documented in the client record. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service may provide a transition to a more independent living environment or may provide housing and supports for the long term.

Service Delivery Setting

This service is provided in 24-hour facilities including group homes, alternate family living and host homes.

Medical Necessity

A. .There is an Axis I or II diagnosis or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3(12a)

AND

B. Level of Care Criteria, Level B/NCSNAP/ASAM Level III.5

AND

C. The recipient is experiencing difficulties in at least one of the following areas:
   1. functional impairment
   2. crisis intervention/diversion/aftercare needs, and/or
   3. at risk of placement outside the natural home setting.

AND

D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:
   1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.
   2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
   3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.
   4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.

OR

E. The individual's current residential placement meets any one of the following:
   1. The individual has no residence.
   2. Current placement does not provide adequate structure and supervision to ensure safety and participation in treatment.
   3. Current placement
   4. involves relationships which undermine the stability of treatment.
   5. Current placement limits opportunity for recovery, community integration and maximizing personal independence.

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

A. Consumer has achieved initial service plan goals and additional goals are indicated.
B. Consumer is making satisfactory progress toward meeting goals.
C. Consumer is making some progress, but the service plan (specific interventions) need to be modified

so that greater gains which are consistent with the consumer's premorbid level of functioning are possible or can be achieved.

D. Consumer is not making progress; the service plan must be modified to identify more effective interventions.

E. Consumer is regressing; the service plan must be modified to identify more effective interventions.

Discharge Criteria

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:

1.Consumer has achieved service plan goals, discharge to a lower level of care is indicated.
2.Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

Service Maintenance Criteria

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, the service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

A. Evidence that gains will be lost in the absence of group living moderate is documented in the service record.

OR

B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Group Living- Moderate Intensity must be provided in a licensed facility and may include:

a. Halfway House Services for Substance Abusers;
b. Group Homes for MR/DD Adults or Children;
c. Group Homes for Mentally Ill Adults; and
d. Therapeutic Camping Programs for ED Children.

[As of April 1, 1994 some of these licensure categories are repealed and these facilities, if determined to meet the definition, will be licensed as "Supervised Living".]

Documentation Requirements

This service requires documentation as specified in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR – TS (MR/MI)
Not Billable	**YP770**	**770**	**N/A**	**770**

Group Living-High Intensity

Group Living-High Intensity is a 24-Hour service (including room and board) that includes a significant amount of individualized therapeutic or rehabilitative programming as a part of the residential placement. The clients can receive day treatment services either on-site or off-site; but, the day and residential programming is highly integrated. The clients who receive this level of 24-Hour care are significantly disabled and dependent and would need to be served in an institutional setting. Staff are trained and receive regular professional support and supervision.

GUIDELINES:

(1) The costs related to day programming are often a part of the day rate for this service. If the day service is costed and reported separately, Group Living-Moderate Intensity should be considered as an alternative for this type of service.

(2) Group Living-High Intensity must be provided in a licensed facility and may include:
   a. Residential Treatment Centers for Children and Adolescents;
   b. Residential Treatment for Alcohol, Drug or Substance Abuse; and
   c. Specialized Community Residential Centers for Individuals with MR or DD (including some ICF/MR facilities).

(3) The determining factor, as to whether a particular group living arrangement is to be considered low-moderate-high, is the intensity of the individual treatment/habilitation provided and the integration between day and 24-hour treatment/habilitation programming as defined.

Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the provider, recipient, and family in the home environment where the primary purpose of the service is care, habilitation, or rehabilitation of the individuals who have a mental illness, developmental disability or a substance abuse disorder, and who require supervision when in the residence.

Structure of Daily Living

Group Living - High intensity provides support and supervision in a home environment to enable the resident to participate in community activities, social interactions in the home, and participate in treatment/habilitation/rehabilitation services.

Cognitive and Behavioral Skill Acquisition

Treatment interventions are provided to ensure that the consumer acquires skills necessary to compensate for or remediate functional problems. Interventions are targeted to functional problems and based on services plan requirements and specific strategies developed during supervision.

Service Type

Group living high is a residential service licensed under NC T10:14 V.5600, except for those facilities that provide Substance Abuse Services which are licensed under NC T10:14 V.3401. Payment unit is client day, to be counted in a midnight occupied bed count. Allowance will be made for individual client's Therapeutic Leave in accordance with Funding requirements, and must be documented in the client record. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service may provide a transition to a more independent living environment or may provide housing and supports for the long term.

Service Delivery Setting

Services provided in 24-hour facilities including group homes, alternate family living and host homes.

Medical Necessity

A. .There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a

AND

B. Level of Care Criteria, Level B/NCSNAP/ASAM Level III.7

AND

C. The recipient is experiencing difficulties in at least one of the following areas:
   1. functional impairment
   2. crisis intervention/diversion/aftercare needs, and/or
   3. at risk of placement outside the natural home setting.

AND

D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:
   1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.
   2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
   3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.
   4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.

OR

E. The individual's current residential placement meets any one of the following:
   1. The individual has no residence.
   2. Current placement does not provide adequate structure and supervision to ensure safety and participation in treatment.
   3. Current placement
   4. involves relationships which undermine the stability of treatment.
   5. Current placement limits opportunity for recovery, community integration and maximizing personal independence.

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

A. Consumer has achieved initial service plan goals and additional goals are indicated.
B. Consumer is making satisfactory progress toward meeting goals.
C. Consumer is making some progress, but the service plan (specific interventions) need to be modified so that greater gains which are consistent with the consumer's premorbid level of functioning are possible or can be achieved.
D. Consumer is not making progress; the service plan must be modified to identify more effective

interventions.

E. Consumer is regressing; the service plan must be modified to identify more effective interventions.

Discharge Criteria

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:

1.Consumer has achieved service plan goals, discharge to a lower level of care is indicated.
2.Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

Service Maintenance Criteria

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Group Living High should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

B. Evidence that gains will be lost in the absence of group living high is documented in the service record.

OR

B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Group Living- Low Intensity must be provided in a licensed facility and may include:

a. Halfway House Services for Substance Abusers;
b. Group Homes for MR/DD Adults or Children;
c. Group Homes for Mentally Ill Adults; and
d. Therapeutic Camping Programs for ED Children.

[As of April 1, 1994 some of these licensure categories are repealed and these facilities, if determined to meet the definition, will be licensed as "Supervised Living".]

Documentation Requirements

This service requires documentation as specified in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR – TS (MR/MI)
Not Billable	**YP780**	**780**	**N/A**	**780**

Individual Supports

Individual Supports is a service that enables a limited amount of funding to be used by an individual with maximum personal control and flexibility. It is based on research and experience which indicates that when a person and his/her circle of supports are provided with flexible funding over which they exercise primary control, they use that funding in ways that best meet their needs, not necessarily on the traditional services more normally chosen by an interdisciplinary team. With limited funds they are able to make adjustments in their lives which reduce or eliminate their dependence on traditional facility-based programs.

In order to qualify for utilization of Individual Supports, the following components of the service planning and implementation process must be in place:

1. A person-centered plan and a personal budget to support that plan are created by the individual and those friends, family and persons who know and care about the individual;
2. The individual maintains control of the expenditure of the funds;
3. The individual maintains monthly updates over the expenditures through the personal budget;
4. The personal budget is not managed by the primary service provider;
5. The utilization of Individual Supports result in a documentable increase in the degree to which the individual exercises choice and control over his/her life.

GUIDELINES

1. Any savings over previous costs associated with the individual's supports and services are utilized for services and supports for others waiting for services and supports.
2. Documentation for Individual Supports is expected to be a monthly record of supports received or acquired for the month.
3. In keeping with the emphasis on the provision of a limited amount of money while maximizing participant control and flexibility, the monthly rate for this support is set at $1,000. This monthly reimbursement creates a flexible pot of money at the area program. The exact amount apportioned to each individual is based upon needs and preferences identified in a personal budget.
4. This service is generally provided alone or in conjunction with non-residential services and supports, except it may be provided in conjunction with Residential Living.

Therapeutic Relationship and Interventions

There should be a supportive therapeutic relationship between the provider and the client which addresses and/or implements interventions outlined in the service plan.

Structure of Daily Living

This service is focused on the implementation of strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership.

Cognitive and Behavioral Skill Acquisition

This service is intended to assist individuals to live as independently as possible.

Service Type

Individual Supports is a monthly service. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service focuses on assisting individuals in becoming connected to naturally occurring support systems and relationships in the community to provide and enhance opportunities for meaningful community participation.

Service Delivery Setting

This service can be provided in any location.

Medical Necessity

E. There is an Axis I or II diagnosis present. OR the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)

AND

F. Level of Care Criteria, Level NCSNAP/ASAM

AND

G. The recipient is experiencing difficulties in at least one of the following areas:

4. functional impairment
5. crisis intervention/diversion/aftercare needs, and/or
6. at risk of placement outside the natural home setting.

AND

H. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:

5. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.
6. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
7. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.
8. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

The client continues to have needs that are met by this service definition.

Discharge Criteria

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:

1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated.
2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

Service Maintenance Criteria

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, personal assistance should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

A. Evidence that gains will be lost in the absence of personal assistance is documented in the service record.

OR

B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Direct care providers shall meet the competencies and supervision requirements as specified in 10 NCAC 14V .0202 and .0204.

Documentation Requirements

Documentation is required as specified in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR – TS (MR/MI)
Not Billable	**YM716**	**N/A**	**N/A**	**716**

Long-Term Vocational Support Services (Extended Services)

Long Term Vocational Support Services (Extended Services) begins after the intensive phase of job coaching funded through the Division of Vocational Rehabilitation ends. Long Term Vocational Support includes services provided to or on behalf of the individual both on and off the job site to ensure ongoing employment success and career growth. The individual participates in choosing the type of Long Term Vocational Support Services, the manner of its delivery, and the people who will provide it, both on and off the job site. The individual has the right to decline this service at any time; however, this must be thoroughly documented in the service record.

GUIDELINES:

(1) The individual controls long term vocational support through decision-making based on informed choice, either through the Individualized Plan for Employment (IPE) or other accepted annual planning procedures.
(2) Activities must include, at a minimum, twice-monthly monitoring at the work site of each individual in supported employment to assess employment stability. Under special circumstances, especially at the request of the individual, the IPE may provide for off-site monitoring and/or a reduced amount of monitoring. If off-site monitoring is determined to be appropriate, in most circumstances it must at a minimum consist of two meetings with the individual and one contact with the employer each month, unless otherwise specified within the IPE.
(3) Staff Travel Time to be reported separately.
(4) Preparation/documentation time is NOT reported.

Therapeutic Relationship and Interventions

There should be a supportive relationship between the provider and the recipient through which a variety of services may be implemented according to the employment needs of the individual as identified in the service plan. These services include social skills training necessary to maintain employment, coordination of networks of support to reinforce and enhance employment stability, benefits counseling, and guidance in career advancement.

Structure of Daily Living

This service focuses on assisting the individual to identify work related strengths and to manage functional deficits in order to maintain employment and facilitate progress towards long term career goals.

Cognitive and Behavioral Skill Acquisition

This service includes a structured approach to assisting individuals maintain employment once they have successfully completed the intensive training phase of VR sponsored job coaching. This service assists the individual in acquiring and maintaining the necessary generic work skills that leads to a satisfactory employment relationship, such as communication and social skills, time management, benefits management, and other issues that may impact long term career success.

Service Type

Long Term Vocational Support (Extended Services) is a day/night service. This is day/night type of service under NC Administrative Code T10:14V .5800. This service is not Medicaid billable. Payment unit equals one unit for the nearest fifteen minute interval based on the eight minute rounded-up rule.

Resiliency/Environmental Intervention

This service provides on-going long term support to ensure employment success and career growth and may also include work related supportive interventions outside of the work environment.

Service Delivery Setting

Unless otherwise specified by the individual, service must occur twice-monthly at the work site. If off-site monitoring is established, it must include one contact with the employer each month.

Medical Necessity

Per 10 NCAC 14V .2306 (b) (3), a qualified professional or an associate professional shall certify the eligibility of each client for this service according to the following criteria:

A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in G.S. 122C-3 (12a).

AND

Level of Care Criteria, NCSNAP/ASAM

AND

B. Individual verbalizes desire to work and currently expresses a preference for ongoing support.

AND

C. Individual requires assistance in addition to what is typically available from the employer to maintain competitive employment because of functional deficits and behaviors associated with diagnosis.

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

Consumer requires this service to maintain their function for employment within the community and progress towards meaningful long term career goals.

Discharge Criteria

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:

1. Consumer is successfully employed and no longer needs these support services.
2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.
3. Consumer has requested the discontinuance of long term vocational support services.

Service Maintenance Criteria

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Long Term Vocational Support Services should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

A. Evidence that gains will be lost in the absence of Long Term Vocational Support Services is documented in the service record.

OR

B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Each provider of long term vocational support services (Extended Services) must have a designated program director who is at least a high school graduate or equivalent with 3 years of experience in the appropriate disabilities programs. Any person providing evaluation of job performance services shall have a high school diploma.

Documentation Requirements

Documentation in the client record is required as indicated in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	**YM645**	**N/A**	**N/A**	**645**

Respite – Community – CMSED (YA213)

This service is provided to youths' families or custodians who need periodic relief from the constant and often stressful care of the youth. Respite/short-term residential services may be provided in either a planned or an emergency basis. While in respite/short-term residential care, a youth receives care that addresses the health, nutrition and daily living needs of the child. Respite/short-term residential services may be provided according to a variety of models. These may include, weekend care, emergency care, or continuous care up to 30 days.

Therapeutic Relationship and Interventions

The respite provider addresses the health, nutrition, and daily living needs of the child.

Structure of Daily Living

Community Respite provides for the health, nutrition, and daily living needs of the child.

Cognitive and Behavioral Skill Acquisition

N/A

Service Type

This is a 24-hour service. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service is to support the youth and the family in their residential placement.

Service Delivery Setting

This service may be provided in a variety of locations, including homes or facilities, according to licensure requirements noted under Provider Requirements.

Medical Necessity

A recipient is eligible for this service when:

A. There is an Axis I or II diagnosis or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)

,

AND,

B. Level of Care Criteria Level D is met.

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

N/A

Discharge Criteria

Service plan goals achieved.

Service Maintenance Criteria

N/A

Provider Requirement and Supervision

Providers must meet standards of 10 NCAC 14V.5100 Community Respite Services for All Disability Groups *or* standards of their 131d or 122c residential license. Respite services may be provided by: (a) homes/facilities licensed to provide therapeutic residential services under 122c

or 131D, (b) homes licensed to provide respite under .5100, and (c) homes not licensed, but allowed to provide respite under the constraints outlined in the NC Administrative Rule 14V.5101:

10 NCAC 14V .5101(b): Private home respite services serving individuals are subject to licensure under G.S. 122C, Article 2 when:

(1) more than two individuals are served concurrently; or

(2) either one or two children, two adults, or any combination thereof are served for a cumulative period of time exceeding 240 hours per calendar month.

Documentation Requirements

Minimum documentation is a daily service note that describes the purpose of contact, and any provider interventions.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	**YA213**	**N/A**	**213**	**N/A**

Respite – Community (YP730)

Community Respite is a 24-hour service which provides periodic relief for a family or family substitute on a temporary basis. Community Respite ***may*** include relief service for some clients for less than 24 hours in the same facility in which 24-hour respite is provided.
A respite service is to be counted as Community Respite if the service is provided on an overnight basis. Respite provided for less than 24-hours, when provided in a 24-hour facility, is to be reported as fractions of a 24-hour period. Hourly respite should be reported when a partial day respite service is provided in a non-24-Hour facility.

Therapeutic Relationship and Interventions

The respite provider addresses the health, nutrition, and daily living needs of the client.

Structure of Daily Living

N/A

Cognitive and Behavioral Skill Acquisition

N/A

Service Type

This a 24-hour service. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service provides periodic relief for a family or family substitute on a temporary basis.

Service Delivery Setting

Community Respite may be provided in a variety of locations, including a licensed residential facility or in a private home.

Medical Necessity

N/A

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

Caregiver continues to needs this service to provide periodic relieve.

Discharge Criteria

N/A

Service Maintenance Criteria

N/A

Provider Requirement and Supervision

Paraprofessional level person who meets the requirements specified for paraprofessional status according to 10 NCAC 14V. Supervision of paraprofessionals is also to be carried out according to 10 NCAC 14V. Licensed facilities must meet the requirements as cited in 10 NCAC 14V .5100.

Documentation Requirements

Documentation in the client record is required.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	**YP730**	**730**	**N/A**	**730**

Respite - Hourly – CMSED (YA125)

This service is to give youths' families or custodians periodic short term relief from the constant and often stressful care of the youth. Respite/hourly services may be provided in either a planned or an emergency basis. The respite provider provides care that addresses the health, nutrition and daily living needs of the child. Hourly respite may be used up to eight hours. When more than 8 hours is used for Respite, the entire service must be billed to the Community Respite (213).

Therapeutic Relationship and Interventions

The respite provider addresses the health, nutrition, and daily living needs of the child.

Structure of Daily Living

Hourly respite may be provided in or out of the therapeutic home setting.

Cognitive and Behavioral Skill Acquisition

N/A

Service Type

This is an hourly service that may be used up to eight hours, after which Community Respite is to be billed for the entire service. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service is to support the youth and the family in their residential placement.

Service Delivery Setting

This service may be provided in a variety of locations, including homes or facilities, according to licensure requirements noted under Provider Requirements.

Medical Necessity

A recipient is eligible for this service when:
A. There is an Axis I or II diagnosis or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)

AND,

B. Level of Care Criteria Level D is met.

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

N/A

Discharge Criteria

Service Plan goals are achieved.

Service Maintenance Criteria

N/A

Provider Requirement and Supervision

Providers must meet standards of 10 NCAC 14V.5100 Community Respite Services for All Disability Groups *or* standards of their 131d or 122c residential license. Respite services may be provided by: (a) homes/facilities licensed to provide therapeutic residential services under 122c or 131d, (b) homes licensed to provide respite under .5100, and (c) homes not licensed, but allowed to provide respite under the constraints outlined in the NC Administrative Rule 14V.5101:

10 NCAC 14V .5101(b): Private home respite services serving individuals are subject to licensure under G.S. 122C, Article 2 when:

1. more than two individuals are served concurrently; or 2. either one or two children, two adults, or any combination thereof are served for a cumulative period of time exceeding 240 hours per calendar month.
Documentation Requirements
Minimum documentation is a daily service note that describes the purpose of contact, and any provider interventions.

Appropriate Service Codes				
Medicaid	**IPRS**	**Pioneer**	**UCR-WM (CTSP)**	**UCR-TS (MR/MI)**
Not Billable	**YA125**	**N/A**	**125**	**N/A**

Respite – Hourly (YP010/011)

Hourly Respite service includes non-treatment, non-habilitation support services provided to a client in order to provide temporary or occasional relief for regular care givers.

GUIDELINES:

(1) Include face-to-face time providing care to the client and time spent transporting the individual to or from services.
(2) The services most commonly included in this category include, but are not limited to:
    a. Hourly respite; or
    b. Companion Sitter.
(3) Respite provided on an over-night basis should be reported to Community Respite. When Hourly Respite is provided in a 24-hour respite facility (and costed) as a part of Community Respite it may be reported as Community Respite.
(4) Staff Travel Time to be reported separately.
(5) Preparation/documentation time NOT reported.

Therapeutic Relationship and Interventions

The respite provider addresses the health, nutrition, and daily living needs of the client.

Structure of Daily Living

N/A

Cognitive and Behavioral Skill Acquisition

N/A

Service Type

This is a periodic (hourly) service. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service provides periodic relief for a family or family substitute on a temporary basis.

Service Delivery Setting

May be provided in a variety of settings, including the individual's own home or other location not subject to licensure.

Medical Necessity

N/A

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

The family or family substitute continues to need temporary relief from caregiving responsibilities.

Discharge Criteria

N/A

Service Maintenance Criteria

The service may continue as long as the family continues to need periodic relief from the responsibility to provide care for the client.

Provider Requirement and Supervision
Paraprofessional level person who meets the requirements specified for paraprofessional status according to 10 NCAC 14V. Supervision of paraprofessionals is also to be carried out according to 10 NCAC 14V. Licensed facilities must meet the requirements as cited in 10 NCAC 14V .5100.
Documentation Requirements
Documentation is required in the client's regular treatment/habilitation record.

Appropriate Service Codes				
Medicaid	**IPRS**	**Pioneer**	**UCR-WM (CTSP)**	**UCR-TS (MR/MI)**
Not Billable	**Individual: YP010** **Group: YP011**	**Individual: 010** **Group: 011**	**N/A**	**Individual - 010** **Group – 011**

Supervised Living—Low

"Supervised Living" is typically provided in individual apartments, sometimes clustered in a small developments that may, or may not have an apartment manager on site during regularly scheduled hours. This is the least restrictive residential service which includes room and periodic support care. These apartments are the individual's home and they are not licensed facilities. In limited cases residents may receive an amount of rental assistance from the area program, but no mental health services are attached to the apartment. The individual may receive periodic mental health services such as outpatient treatment, structured day programming, etc., independent of the "supervised living" apartment. Community based mental health services such as case management or ACTT may be provided to the individual in the home, but the service is not programmatically linked to the home. The costs reimbursed under this service vary according to setting and may include rental assistance on behalf of the tenant, or other operating expenses of the household including the salary of the onsite manager, if applicable, that is paid for out of the area program operating budget..

GUIDELINES: (from Pioneer Service Definition)

(1) A service should be considered as Supervised Living when some (or all) of the rent subsidy of the client, or other operating expenses of the household, is paid for out of the area program operating budget. [Supervision of individuals living independently without area program subsidy, should be reported as the specific type of service provided (i.e., Assertive Outreach, Case Management/Support, Personal Assistance, Screening, Evaluation, Outpatient Treatment/Habilitation as defined, etc.)]

(2) Supervised Living--Low may include different frequencies of supervision by employed professional or paraprofessional staff whose related expenses are cost found and whose time is reported as ***Personal Assistance***.

(3) Preparation and documentation time are NOT to be reported.

(4) Documentation in the client record is required.

PAYMENT UNIT: Client bed day. Staff who support a client in this service are to report a bed day for each client who is occupying a bed or for whom a bed is reserved. If a client is temporarily in a respite or other 24-hour placement which will be billed to the Division, staff are to assure that there is no double billing. Therapeutic leave does not apply to this service.

Therapeutic Relationship and Interventions

N/A

Structure of Daily Living

N/A

Cognitive and Behavioral Skill Acquisition

Assistance with cognitive and behavioral skills the individuals needs to remain in this independent living option may be provided by the area program and private providers, but is not required for the individual to reside in a supported living apartment.

Service Type

. Client bed day. Staff who support a client in this service are to report a bed day for each client who is occupying a bed or for whom a bed is reserved. If a client is temporarily in a respite or other 24-hour placement which will be billed to the Division, staff are to assure that there is no double billing . Therapeutic Leave does not apply to this service. This service is not Medicaid billable.

Resiliency/Environmental Intervention
N/A
Service Delivery Setting
N/A
Medical Necessity
Must have an Axis I or II diagnosis or the person has a condition that may be identified as a developmental disability as defined in G.S. 122-C-3(12a).
Service Order Requirement
N/A
Continuation/Utilization Review Criteria
N/A
Discharge Criteria
There is no discharge criteria for the service currently defined as "supervised living" service. North Carolina landlord/tenant laws and conditions of the signed lease apply.
Service Maintenance Criteria
N/A
Provider Requirement and Supervision
N/A
Documentation Requirements
N/A

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	**YP710**	**710**	**N/A**	**N/A**

Supervised Living--Moderate

Supervised Living--Moderate is a residential service, typically in an apartment which includes room and periodic support care to one or more individuals who do not need 24-hour supervision; or, for whom care in a group setting is considered inappropriate. Supervision includes routine or spontaneous visits, on-call support and sometimes more intense one-on-one contact for several consecutive hours, to the individual. It includes assistance in daily living skills, supportive counseling, and monitoring of the client's well-being. It may also include the employment of an individual to live with the client(s) in order to provide the appropriate level of supervision.

GUIDELINES:

(1) A service should be considered as Supervised Living--Moderate, only when some (or all) of the rent subsidy of the client, or other operating expenses of the household, is paid for out of the area program operating budget. [Supervision of individuals living independently without area program subsidy, should be reported as the specific type of service provided (i.e., Assertive Outreach, Case Management/Support, Screening, Evaluation, Outpatient Treatment/Habilitation as defined, etc.)]

(2) Supervised Living--Moderate usually includes a more intense (than Supervised Living--Low) frequency of supervision by employed professional or paraprofessional staff whose related expenses are cost found and whose time is reported as ***Personal Assistance***.

(3) Preparation and documentation time are NOT to be reported.

(4) Documentation in the client record is required.

PAYMENT UNIT: Client bed day. Staff who support a client in this service are to report a bed day for each client who is occupying a bed or for whom a bed is reserved. If a client is temporarily in a respite or other 24-hour placement which will be billed to Funding, staff are to assure that there is no double billing . Therapeutic Leave does not apply to this service.

Therapeutic Relationship and Interventions

If the program employs an individual to live with the client(s) in order to provide the appropriate level of supervision, the services to be provided by the employee must be related to documented needs of the resident.

Structure of Daily Living

Provides support and supervision , if clinically indicated, in the client's residence.

Cognitive and Behavioral Skill Acquisition

Primary treatment and rehabilitation services are provided off-site and are accounted for and reported where appropriate (i.e. Outpatient treatment/habilitation, case management, etc.

Service Type

Supervised living moderate would be licensed under NC T10:14V.5600 only if 2 or more clients share the living arrangement and the clients are not the holders of the lease. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service may provide a transition to greater independence or may provide housing and supports for the long term.

Service Delivery Setting

Services are provided in the residential setting

Medical Necessity

Applicable only if the program employs an individual to live with the client(s) in order to provide the

appropriate level of supervision
A. There is an Axis I or II diagnosis present or the person has a condition that may be identified as a developmental disability as defined in G.S. 122-C-3(12a).
AND

B. Level of Care Criteria, Level B/NCSNAP/ASAM

AND
C. The recipient is experiencing difficulties in at least one of the following areas:

4. functional impairment
5. crisis intervention/diversion/aftercare needs, and/or
6. at risk of placement outside the natural home setting.

AND
D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:

5. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.
6. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
7. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.
8. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.

OR

E. The individual's current residential placement meets any one of the following:

5. The individual has no residence.
6. Current placement does not provide adequate structure and supervision to ensure safety and participation in treatment.
7. Current placement involves relationships which undermine the stability of treatment.
8. Current placement limits opportunity for recovery, community integration and maximizing personal independence.

Service Order Requirement

A service order is necessary only if the program employs an individual to live with the client(s) in order to provide the appropriate level of supervision. Service orders must be completed by a physician or licensed psychologist prior to or on the day services are to be provided.

Continuation/Utilization Review Criteria

Required only if the program employs an individual to live with the client(s) in order to provide the appropriate level of supervision, the services to be provided by the employee must be related to documented needs of the resident. Continuation of live in staff must be reviewed whenever there is a significant and sustained reduction in the client's need for this level of supervision.

Discharge Criteria

Discharge Criteria is only relevant if the program employs an individual to live with the consumer(s) in order to provide the appropriate level of supervision:
Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:

1.Consumer has achieved service plan goals, discharge to a lower level of care is indicated.
2.Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

Service Maintenance Criteria

Service Maintenance Criteria is only relevant if the program employs an individual to live with the consumer(s) in order to provide the appropriate level of supervision:
If the recipient is functioning effectively with this service and discharge would otherwise be indicated, the service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

A. Evidence that gains will be lost in the absence of group living moderate is documented in the service record.

OR

B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Must be licensed under T10:14V .5600 if 2 or more adults are served in the supervised living setting and the program employs an individual to live with the consumer(s) in order to provide the appropriate level of supervision:

Documentation Requirements

This service requires documentation as specified in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	**YP720**	**720**	**N/A**	**N/A**

Supervised Living – MR/MI - I-VI Residents

Supervised Living is a residential service which includes room and support care for one individual who needs 24-hour supervision; and, for whom care in a more intensive treatment setting is considered unnecessary on a daily basis. A minimum of one staff member shall be present at all times when the client is on the premises except when the client has been deemed capable of remaining in the home without supervision for a specified time by a Qualified Professional or Associate Professional of the operating agency or area program. Supervision includes the employment of an individual to live with the client or provide staff coverage on an overnight basis in order to provide the appropriate level of care and supervision. Other support services which serve the habilitation or treatment needs of the individual may be provided in the Supervised Living setting, but are to be documented and billed separately as periodic services. The client's family shall be provided the opportunity to maintain an ongoing relationship, which includes visits at the facility as well as trips to visit relatives.

GUIDELINES:

1. A service should be considered as Supervised Living -- only when some (or all) of the rent subsidy of the client(s), or other operating expenses of the household, is paid for out of the area program operating budget. [Supervision of individuals living independently without area program subsidy, should be reported as the specific type of service provided (i.e., Evaluation, Evaluation, Outpatient Treatment/Habilitation as defined, etc.)]
2. Training, counseling, and various levels of supervision are provided as needed by a maximum of three (3) Full-Timer-Equivalencies (FTE's). Any additional staff should be cost found to a periodic expense center (e.g., Community Based Services, Personal Care), and services documented accordingly.
3. This service is not required to be licensed through the Department of Facilities Services.
4. This service may be billed if only when specific number of individuals are presently residing in a setting, even if the setting is established for more than one person (i.e., has more that one [1] residential bed), if other beds are not presently filled;
5. This service is to be billed through the UCR-TS at a state-wide rate. Exceptions to the state-wide rate may be submitted through the MR/MI. Service Manager by submitting a "Justification for Exceptional Costs" form (Appendix J). Exceptions will be considered only for significant differences in such components as rent/mortgage costs, direct care staff wages, or other factors directly effecting the cost of the provision of services within the definitions of this service.
6. Preparation, documentation and staff travel time are NOT to be reported.
7. Documentation in the client record is required.
8. In all cases, a service should be reported as it is licensed/certified.

Therapeutic Relationship and Interventions

There should be a supportive therapeutic relationship between the provider and the client which addresses and/or implements interventions outlined in the service plan.

Structure of Daily Living

This service is focused on the implementation of strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership.

Cognitive and Behavioral Skill Acquisition

This service is intended to assist individuals to live as independently as possible.

Service Type

Supervised Living is a daily service. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service focuses on assisting individuals in becoming connected to naturally occurring support systems and relationships in the community to provide and enhance opportunities for meaningful community participation.

Service Delivery Setting

This service can be provided in any location.

Medical Necessity

A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)

AND

B. Level of Care Criteria, Level NCSNAP/ASAM

AND

C. The recipient is experiencing difficulties in at least one of the following areas:

1.functional impairment

2.crisis intervention/diversion/aftercare needs, and/or

3.at risk of placement outside the natural home setting.

AND

C. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:

1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.
2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.
4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

The client continues to have needs that are met by this service definition.

Discharge Criteria

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:

1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated.
2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

Service Maintenance Criteria

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, personal assistance should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

A. Evidence that gains will be lost in the absence of personal assistance is documented in the service record.

OR

B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Direct care providers shall meet the competencies and supervision requirements as specified in 10 NCAC 14V .0202 and .0204.

Documentation Requirements

Documentation is required as specified in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	**YM811 – YM816**	**N/A**	**N/A**	**1 Resident –811** **2 Residents –812** **3 Residents –813** **4 Residents –814** **5 Residents –815** **6 Residents –816**

Supported Employment

Supported Employment--Individual is a service which involves arranging for and supporting paid work for an individual, age 16 or older, in a job which would otherwise be done by a nondisabled worker. The service includes intensive involvement of staff working with the individual in the work setting or in support of the individual so that the individual's employment can be maintained in a normal community environment.

GUIDELINES:

(1) Supported Employment--Individual services may be either temporary or permanent. Specific versions of this model include:
   a. Individual Transitional Employment Program services commonly associated with Psychosocial Rehab Programs; or
   b. Job Coach services.

(2) In a transitional employment service provided as a part of a Psychosocial Program, when a staff member **temporarily** fills in for a client in a job training site, the staff time is reportable as Supported Employment Individual against the client's case number.

(3) Time spent arranging placements and in contact with employers, with family or other providers, and in direct contact with client(s); including, training of client(s) or transportation of client(s) is to be reported.

(4) Staff Travel Time to be reported separately.

(5) Preparation/documentation time NOT reported.

Therapeutic Relationship and Interventions

There should be a supportive relationship between the provider and the recipient through which a variety of services may be implemented according to the employment needs of the individual as identified in the service plan. These services include vocational evaluation, job development, intensive training, job placement and long-term support.

Structure of Daily Living

This service focuses on assisting the individual to identify work related strengths and to manage functional deficits in order to choose, obtain, and maintain employment.

Cognitive and Behavioral Skill Acquisition

This service includes a structured approach to assisting individuals with job-specific skills and generic work skills including, but not limited to interviewing, traveling to/from the work site, communication and social skills, time management, benefit management, etc.

Service Type

Support Employment is a day/night service. This is day/night type of service under NC Administrative Code T10:14V .5800. This service is not Medicaid billable. Payment unit equals one unit for the nearest fifteen minute interval base on the eight minute rounded-up rule.

Resiliency/Environmental Intervention

This service provides on-going support and supervision on the job site and may also include work related supportive interventions outside of the work environment.

Service Delivery Setting

May be provided at any location

Medical Necessity/Clinical Appropriateness

A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)

AND

B. Level of Care Criteria, NCSNAP/ASAM

AND

C. Individual verbalizes desire to work and currently expresses a preference for a group employment setting.

AND

D. Individual has an established pattern of unemployment or sporadic employment.

AND

E. Individual requires assistance to obtain employment and/or requires assistance in addition to what is typically available from the employer to maintain competitive employment because of functional deficits and behaviors associated with diagnosis.

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

Consumer requires this service to maintain their function for employment within the Community.

Discharge Criteria

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:

4. Consumer has achieved service plan goals, discharge to a lower level of care is indicated.
5. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

Service Maintenance Criteria

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Supported Employment-Individual should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

A. Evidence that gains will be lost in the absence of Supported Employment-Individual is documented in the service record.

OR

B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Each supported employment program must have a designated program director who is at least a high school graduate or equivalent with 3 years of experience in the appropriate disabilities programs. Any person providing evaluation of job performance services shall have a high school diploma. Staff to client

ratio in group employment setting must be a minimum of 1:8.

Documentation Requirements

Documentation in the client record as required in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	**YP630-Individual YP640-Group**	**630-Individual 640-Group**	**YA630-Individual YA640-Group**	**630-Individual 640-Group**